

The University of Tennessee
Other Relationships

Employee Name	Last _____	First _____	Middle _____
Personnel #	_____	Employee ID # (New Hires Only)	_____
Responsible Cost Center #	_____	Cost Ctr Name	_____
Preparer	_____	Phone #	_____

The *Other Relationships Form* is to be used to identify those employees who have a partner relationship with another organization (such as Joint Faculty with ORNL) or employees with other special relationships (such as a Chair of Excellence).

1. To **ADD** a relationship, complete the date the relationship begins (effective date), choose the relationship from the drop down menu and enter the cost center number of the requesting department in the **Add Relationship** box.
2. To **END** a relationship, complete the date the relationship ends (effective date), choose the relationship from the drop down menu and enter the cost center number of the requesting department in the **End Relationship** box.
3. After completing the document, follow the signature and submission guidelines set forth by your local campus or institute.

Add Relationship		
Effective Date	Relationship	Requesting Cost Center
_____	<Choose One> ▼	_____
_____	<Choose One> ▼	_____
_____	<Choose One> ▼	_____

End Relationship		
Effective Date	Relationship	Requesting Cost Center
_____	<Choose One> ▼	_____
_____	<Choose One> ▼	_____
_____	<Choose One> ▼	_____

Explanation of Action:

After submitting a request to Human Resources (or Payroll) for information to be added, removed or changed on a person or position, it is a good practice to verify that the changes to the requested record have been entered correctly into the IRIS system. You should be able to verify the accuracy of most changes to person data by using transaction **PA20 (Display HR Master Data)** in the IRIS system. You should be able to verify the accuracy of most changes to position data by using transaction **PO13 (Maintain Position)** in the IRIS system. When requesting changes via a paper form, please allow ample time for the central office to enter the changes.

Approval Signatures:

_____	Date _____	_____	Date _____
<i>Department Head</i>			
_____	Date _____	_____	Date _____